PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

Date September 29, 2010

Under the Paperwork Reducti	on Act of 1995	no persons are requ	ired to n					a valid OMB control number	
Effect	Complete if Known								
FEE TRANSMITTAL FOR FY 2009				Application Number 10/5		10/561,15	2	Conf. No.: 9582	
				Filing Date		December 16, 2005			
				First Named Inventor		Yukio NAGASAKI			
Applicant claims small entity status. See 37 CFR 1.27						G. LISTVOYB			
				Art Unit 17		1796			
TOTAL AMOUNT OF PAY	Attorney Docket No. 0171-			PUS1					
METHOD OF PAYMEN	Γ (check all t	hat apply)							
Check Credit	Card $\square_{M}$	onev Order	Non	ne Other	nlesse id	entifu).			
Deposit Account				Deposit A					
For the above-identi			or is he				olv)		
Charge fee(s)								ept for the filing fee	
ш		) or underpaymen	ate of fo	=				ept for the filing fee	
under 37 CFF	R 1.16 and 1.1	7		- Cital	-	erpayment			
VARNING: Information on this of formation and authorization	on PTO-2038.	ome public. Credit	card in	formation should n	ot be in	duded on th	is form. Pro	vide credit card	
FEE CALCULATION	011110-2000.								
	CH AND E	VAMINATION	EEE	-					
. DASIC FILING, SEAF	FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINAT								
Application Type		nall Entity		Small Entity		Small	Entity	Fees Paid (\$)	
	330	Fee (\$)	Fee (\$		Fee	-		rees raid (3)	
Utility	220	165	540	270	22			***************************************	
Design Plant	220	110	100	50	14		-		
		110	330	165	17		-	***************************************	
Reissue	330	165	540	270	65				
Provisional	220	110	0	0		) '	0		
<ol> <li>EXCESS CLAIM FEE Fee Description</li> </ol>	:8					E	ee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)  13 - 20 or HP = 0 x = 0.00								pendent Claims	
HP = highest number of total		if greater than 20.		0.00		E	ee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Claims			Paid (\$)		_			
4 3 or HP =	0	х		0.00					
HP = highest number of index APPLICATION SIZE I		ald for, if greater the	an 3.						
If the specification and	drawings ex	ceed 100 sheets	of par	per (excluding	electron	ically file	d seauen	ce or computer	
listings under 37 CF									
sheets or fraction th	ereof. See 3	5 U.S.C. 41(a)(	1)(G)	and 37 CFR 1.1	6(s).				
Total Sheets - 100 =	Extra Sheets	8 <u>Number</u> / 50 =		(round up to a			Fee (	<u>Fee Paid (\$)</u> = 0.00	
OTHER FEE(S)		- / 00		_ (, a.m.) a.p. (a.a. )				Fees Paid (\$)	
Non-English Specific								1 000 1 410 (4)	
Other (e.g., late filing	surcharge):	Request for Con	tinued i	Examination & Ex	tension	of one (1) n	nonth	940.00	
BMITTED BY									
nature	XX.	U # 28.	18	Registration No.	28977		Telephone	703-205-8000	

Name (Print/Type) Gerald M. Murphy, Jr. This obsciors of indirection in required by 70 CFR 1.136. The information is required to obtain or retien is beanfit by the public which is to be good by the USPTO legrocomes properlismed. Confidentiably is governed by 30 U.S. C. 125 and 37 CFR 1.14. This collection is estimated to take 00 minded to complete, including gathering, preparing, and submitting the completed agolication form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time pur unrequire to complete this form and/or vargetisms for marking this burden, inducting the burden, inducting the soft form formation of Incert. U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Mexandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionation for Patents, P.O. Box 1450, Mexandria, VA 22313-1450.